


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000041720</b> 1. Entity Name <b>LANGUAGE PLAYHOUSE, INC.</b>	
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Principal Place of Business <b>4920 NEW KIRK DR. TAMPA, FL 33624</b>	Mailing Address <b>4920 NEW KIRK DR. TAMPA, FL 33624</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04172005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-4493157</b>	Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ANDERSON, MELISSA A 6102 SAINT REMY WAY LUTZ, FL 33558</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANDRESEN, MELISSA A 6102 SAINT REMY WAY LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ANDRESEN, GARY R 6102 SAINT REMY WAY LUTZ, FL 33558
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<p>U00000319932 04/21/05-80020-007 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melissa Andresen* 4/19/05 (813) 964-8800  
**MELISSA ANDRESEN**